



PPM

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/621,422
Filing Date	07/18/2003
First Named Inventor	Zeaman
Group Art Unit	3634
Examiner Name	H.B. Thompson
Total Number of Pages in This Submission	Attorney Docket Number
	Zeaman-1

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	LaMorte & Associates
Signature	
Date	08/23/2005

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

08/23/2005

Typed or printed name	Eric A. LaMorte
Signature	
	Date
	08/23/2005

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:

Zeaman

Serial No.: **10/621,422**

Filed: **July 18, 2003**

Examiner: H.B. Thompson

Group Art Unit: **3634**

Date: August 23, 2005

**For: DEVICE AND METHOD FOR  
ASSISTING IN THE MOVEMENT OF A  
LADDER**

---

Mail Stop - Amendment  
Commissioner of Patents and Trademarks

I hereby certify that this correspondence and/or fee is being deposited with the  
United States Postal Service as First Class mail in an envelope addressed to:  
Commissioner of Patents and Trademarks, Arlington, VA in accordance with  
37 C.F.R. 1.18 on this day.

(Date of Deposit)

(Signature and Date)

*August 25, 2005*

*[Signature]* 8-25-05

---

**AMENDMENT**

Sir:

Pursuant to the Official Action dated May 23, 2005 and received in regard to the  
above-identified application, please enter the following amendments and remarks.

**IN THE CLAIMS**

Please amend the claims as follows:

Insert the following corrected claims.